PTO/SR/17 (10-08)

Fees Paid (\$)

Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE mation unless it displays a valid OMB control number Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of info Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/590.198 Conf. No.: 5538 FEE TRANSMITTAL Filing Date January 24, 2007 For FY 2009 Yoshiaki KUSUNOKI First Named Inventor David E. Harvey Examiner Name Applicant claims small entity status. See 37 CFR 1.27 2481 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 130.00 Attorney Docket No. 1190-0761PUS1 METHOD OF PAYMENT (check all that apply) Credit Card Money Order Other (please identify): ✓ Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FFE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity **Small Entity Small Entity** Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 330 540 220 Utility 165 270 110 140 Design 220 110 100 50 70 Plant 220 110 330 165 170 85 330 Reissne 165 540 270 650 325 Provisional 220 110 n Λ n n 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 52 26 220 Each independent claim over 3 (including Reissues) 110 390 195 Multiple dependent claims Multiple Dependent Claims **Total Claims** Extra Claims Fee Paid (\$) Fee (\$) 0.00 - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) \_\_\_ - 3 or HP = 0 x 6 HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof **Total Sheets** Fee (\$) 0.00 - 100 = 0 / 50 = 0 (round up to a whole number) x

Other (e.g., late filing surcharge): One Month Extension of Time 130.00 SUBMITTED BY Registration No. 29680 Telephone 703-205-8000 #47.305 Signature 10 (Attomey/Agent) Name (Print/Type) Michael K, Mutter Date September 12, 2011

Non-English Specification, \$130 fee (no small entity discount)

4. OTHER FEE(S)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burder, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Patient, P.O. Box 1459, Alexandria, V.A. 22313-1450. DO NOT SEND FEES OR CHIEFE FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.